



City of Eugene
Solid Waste and Recycling Program
Special Events Recycling Toolkit Application

Send to: Solid Waste & Recycling Program
99 W. 10th Ave.
Eugene, OR 97401
Phone: (541) 682-5542
E-mail: cesolwst@ci.eugene.or.us

Please complete both pages.

Name of Event _____ Date(s) of Event _____

Event Address _____

Name of Applicant _____ Title _____

Mailing Address _____

_____	_____	_____
Phone	Fax	Email Address

Event Manager or Contact Person: _____ Phone: _____

Event Description _____

Recycling History

What do you plan to recycle and how do you plan to remove the recyclables from the event?

Complete Toolkit Request

Equipment drop off day & time: _____
 Exact drop off location: _____
 Equipment Pick up day & time: _____
 Name of person signing for receipt of equipment _____

A \$500.00 refundable deposit is due 14 days prior to the event. All equipment must be returned in the same manner in which it is received. A \$20.00 per hour cleaning fee and damage costs will be deducted from the deposit. Please make check payable to the City of Eugene. All equipment will be dropped off and picked up by city staff. A \$20.00 per hour waiting fee will be charged if the designated event staff is not available within 15 minutes of the agreed upon equipment drop off time. The equipment loan is not guaranteed until the application is approved and the deposit is paid.

Recycling Equipment Request

If the complete toolkit isn't required, list the requested recycling items:

# requested	Item(s)

A \$100.00 refundable deposit is due 14 days prior to the event when using 10 containers or less; for more than 10 containers a \$500.00 refundable deposit is due 14 days prior to the event. All equipment must be returned in same manner in which it is received. A \$20.00 per hour cleaning fee and damage costs will be deducted. Please make check payable to the City of Eugene. The event is responsible for pickup and drop off of all equipment. The equipment loan is not guaranteed until the application is approved and the deposit is paid.

Liability Insurance

Name of insurance company _____ Policy number _____

Agent's name _____ Phone _____

Attach a copy of the certificate of insurance for the special event.

I certify that I am an authorized representative of the above organization, and that the above statements are true to the best of my knowledge. I have received a copy of the Special Event Toolkit Guidelines, and I and/or the organization I represent agree to be bound by all applicable regulations and policies. I and/or the organization I represent understand that any violation of any of these agreements will result in forfeiture of deposit and immediate termination of the use of equipment. I and/or the organization I represent agree to indemnify, defend, and hold harmless the City of Eugene, its officials, agents and employees from and against any and all claims, damages, losses and expenses, including legal fees arising out of or in any way associated with the event or the use of this equipment.

Signature _____ Date _____

For office purposes

Application received _____ Event within city limits _____

Approved ____ Denied ____ Reason denied _____ Notified _____

Deposit received _____ Amount _____ Amount returned _____ Request submitted _____